

Confirmation Request Form

Use this form to receive a confirmation that your documents were received at the Board of Public Accountancy. Identify yourself and the documentation in the spaces below. Complete your address in the mailing form below. Affix a stamp on the stamp box below and return this form with your documentation. Upon receipt of your documents the Board Staff will date stamp this page and return it to you for your records.

Name: _____

Date Stamp

Registration (certificate) No.(if applicable) _____

Describe Documentation: _____

FOLD LINE

FOLD LINE

Arkansas State Board of Public Accountancy
101 E. Capitol Avenue, Suite 430
Little Rock, Arkansas 72201

Stamp

